Our Future Under the Affordable Care Act (ACA) — March 2013 Update

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March 19, 2013

ACA Provisions Affecting DHS

Patient choice

 Newly insured Medicaid patients will have greater choice of where to seek care

Reimbursement based on capitation

 Per member per month rate instead of payment based on expenses

Reduced federal funds for care of the uninsured

Health Alert Los Angeles

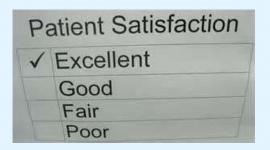
Focus of this Update

Policy developments

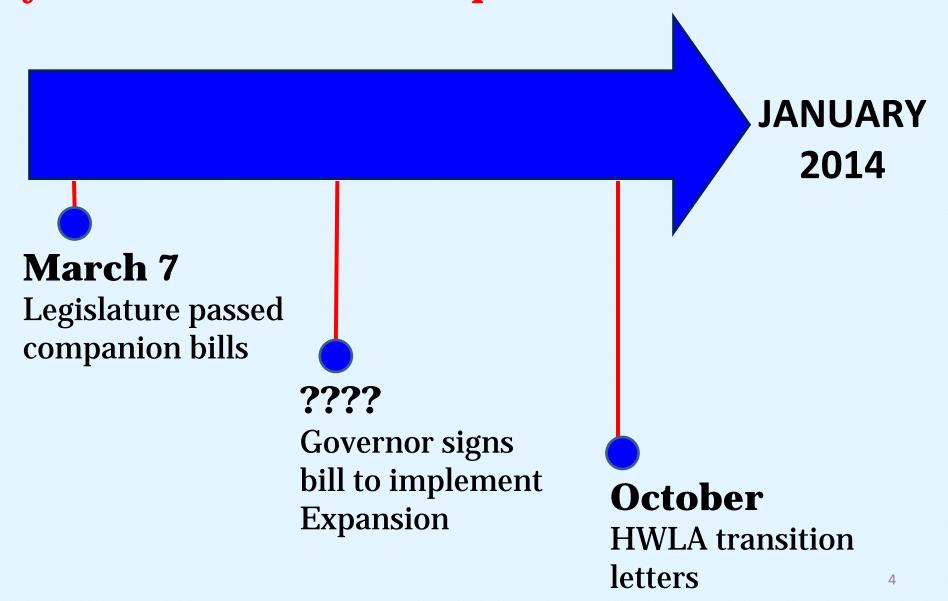


- Healthy Way LA (HWLA) enrollment
- Revenue contracts

Improving patient experience



We are less than 9 months away from the first year of the Medicaid Expansion



California at Risk of Missing January 1st Start Date

- Loss of hundreds of millions of federal dollars
 - Delay in coverage for uninsured
- Brown Administration not yet ready to move forward
 - Not yet abandoned County-based Medicaid option
 - Wants Counties to contribute realignment to support State costs for traditional Medicaid

Counties Agree on State-Based Medicaid Expansion

- County-based expansion not viable
 - Multi-county letter to Health Secretary Dooley
 - Rural counties also agree
- Engaging State Finance & Health Depts
 - February 19th Board Motion
 - Discussions started between LA County and Administration officials re how we might help the State with costs of expansion

Covered California – Health Benefit Exchange

- New insurance market place begins January 2014
 - Subsidized health insurance for income over 138% Federal poverty level (FPL)
 - Affordability a concern for working poor
- Covered California Board seeking federal approval for Medicaid Bridge Plan
 - Lower price and maintains continuity of care for individuals with income 138 to 200% FPL

Healthy Way LA Update

Enrollment goal of 300,000 individuals



- Improved redetermination process
 - Mail-in Redetermination Unit
 - More efficient verification of client information
 - General Relief auto-redetermination process
 - Timely outreach
 - Goal to increase redetermination rate

Healthy Way LA Update

Reducing application backlog

- New procedure for processing applications
- 36% of backlog cleared since December
- Goal to completely clear backlog in April 2013



Healthy Way LA Update

 Patients with pending HWLA applications should <u>not</u> receive a bill for their care



- If a bill is erroneously sent, patients should not pay it
- Any bill received should be given to member services

HWLA Transition to Medicaid Expansion

HWLA Early Transition Workgroup

- DHS, CPs and LA Care working together to optimize smooth transition of HWLA members
- Awaiting guidance from Sacramento regarding the rules and processes for the transition
- DHS and DPSS to initiate training for staff when enrollment rules and processes are available

Revenue Contracts in Managed Care

- Capitation under ACA will change how provider groups deliver care
 - We will require contracts for continued referral of Medicaid patients to our specialty care network
- DHS developing contract with Healthcare LA IPA (IPA for most community partners)
- Developing a plan to optimize use of existing portfolio of revenue contracts

Improving Patient Experience at DHS

Improving Care Delivery Processes

- Integrated care delivery system
- Telephone system upgrade
- eConsult
- Patient-centered scheduling
- Patient-centered medical home
- New DHS website





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Human Resources

Human Resources Employee Health Services

Careers

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Medical Schools

UCLA School of Medicine

Community Partners

Overview

Open Bids

Referee Processing System

Round Table Meetings

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Make DHS Your Medical Home

DHS offers patient-centered care through our network of hospitals, comprehensive health centers and community clinics. Our team of health professionals is committed to making sure you get the care you need, whether that is a well-baby exam for your new born in one of our friendly community health centers or advanced medical testing at one of our nationally-recognized hospitals. Join us and get linked to our network of dedicated doctors, nurses and specialists who are here to serve you.

Get Started

Enter your address in our map finder to see where there are community clinics, comprehensive health centers and hospitals near you.

Get Connected

Call or visit the community clinic or health center nearest you to schedule a visit. At your first meeting, you'll talk with someone who will help find the doctor or nurse that's right for you and who will schedule your medical appointment. Our staff also can help connect you to insurance or other payment programs.

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Our team of doctors, nurses and health specialists will work together to make sure you get the care you need. Our goal is to be your medical home, a place where you are welcome and where you get coordinated quality care to keep you well.

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Ambulatory Care Network
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Human Resources

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How to Apply
Application

Medical Schools

UCLA School of Medicine
USC School of Medicine

Community Partners

Overview

Open Bids

Referee Processing System

ound Table Meetings

Improving Patient Experience at DHS

Staff Engagement Initiatives

- Care Improvement Teams (CITs)
- Patient Experience and Communication Workshops
- ACA and Eligibility Workers Workshops
- Employee Relations & Performance Management

 Trainings
 - **Trainings**
- DHS Innovation Awards

Conclusion

- Progress in our discussions with the State regarding Medicaid Expansion
 - Working with our allies, we need to keep up our advocacy with the Brown Administration
- Progress in transforming DHS
 - Care delivery processes for integrated care
 - Staff engagement for improved patient experience
 - Much more work ahead





Health Care Reform

Taskforce *Update*



Expedited Hiring Process

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STREAMLINED

- > Streamlined process implemented 3/1/2013 will facilitate critical recruitment needs and significantly increase efficiency.
- Hiring process reduced from 15 action steps to 5
- ➤ New hire appointments will be completed within 14 26 days instead of 26 101 business days

Expedited Hiring for DHS

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Nurse Ready List

By 6/1/2013

- Develop a forecasting model to determine the baseline for a **Ready List** population by specialty and facility
- Implement a pilot program at LAC+USC Medical Center with RN candidates who have already completed the civil service examination process.

- ➤ Create electronic survey for RN candidates to identify their clinical specialty, shift and facility preferences. Using that data, create potential "match" between facility and RN's.
- Livescan criminal background clearance can be performed in advance of actual selection.
- The pilot program is intended to expedite hiring of RN's to fill vacant positions; maintain nursing rations; and reduce external registry use and overtime caused by attrition and prolonged vacancies.

Develop Internal Registries

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Registered Nurses

By 6/1/2013

Implement an internal RN registry within DHS facilities to reduce dependence upon costly external nursing registries.

Using the existing *Relief Nurse* classification, DHS will recruit RN's for supplemental staffing assignments.

➤ Implement a pilot internal RN registry program at LAC+USC Medical Center.

- Office of Nursing Affairs (ONA) will have centralized authority to approve utilization of both internal and external nursing registries.
- Due to high utilization and costs, Nursing Attendants will be prioritized as the next internal registry pilot.
- ➤ Internal RN registry pilot program is expected to achieve major reduction in external registry costs by 6/30/2014.

Develop Internal Registries

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Physicians

- By 6/1/2013, develop and implement an internal physician registry to extend service hours, increase service delivery, and reduce the Department's utilization and expenditure on external physician registries and physician contracts.
- ➤ 12/4/2012: Board of Supervisors approved the labor agreement with Union of American Physicians & Dentists authorizing the new County classification of *Relief Physician*.
- **2/22/2013**: CEO/Classification Compensation drafted the classification specification for *Relief Physician* and developed the pay grid that complies with governing MOU language.

➤ DHS, CEO Employee Relations, CEO Classification and Auditor-Controller are resolving programming concerns for eHR Personnel/Payroll System.

Low Income Health Programs (LIHP)

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➤ By **September 1, 2013,** the Departments of Mental Health and Public Health will implement a substance abuse benefit as part of L.A. County's LIHP

- The process for amending LIHP to add substance abuse has been identified
- County Counsel has been consulted
- Board letter is being prepared regarding matching funds for LIHP substance abuse benefit; target presentation is in April 2013

Contracting Initiatives & Improvements

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Contracting Process

- DHS is exploring various initiatives to facilitate timely contracting for success with implementation of ACA
- Expedite the use of contracts existing with other L.A. County departments; e.g. CEO Delegated Authority Agreements, CIO Master Agreements for Professional Services (e.g. Oracle work order for EPDR project), and ISD's ITSSMA

- Expedite acquisition process by using an abbreviated competitive process instead of RFP's including Requests for Information (RFI) and Requests for Statement of Interest (RFSI); leverage L.A. Care contracts and make strategic use of sole source contracts.
- Delegated authority requests to permit acceptance of future grants and approval of related subcontracts, enabling broader delegation of DHS's contracting authority; subject to review by County Counsel and appropriate notification to CEO and Board of Supervisors.

Contracting Initiatives & Improvements

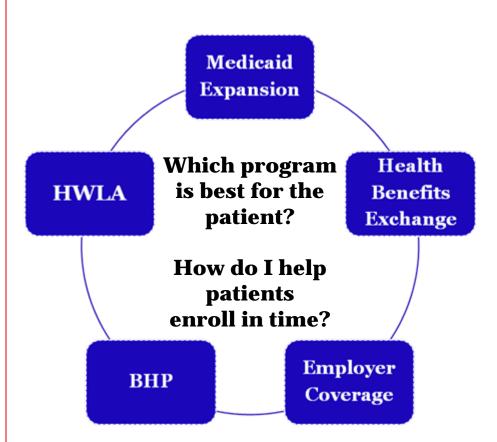


External Providers

- By 12/31/2013, DHS will develop contracts with Healthcare LA IPA and other IPAs to serve as specialty referral center(s)
- Develop contractual relationships with other health plans to utilize DHS's excess capacity in specialty services (e.g. acute rehabilitation, burn unit, etc.).
- Ensure continued access to health care services for DHS patients – and - ensure County providers have continued participation in Medi-Cal Expansion, Exchanges and Dual programs through contracts with physicians, hospitals and health plans.

Appropriate Patient Enrollment





GOAL:

Ensure that (DPSS) eligibility workers and (DHS) Patient Financial Services Workers provide consistent information to our patients and properly guide them through a complex system with multiple avenues to health care coverage under the ACA.

SOLUTION:

- ➤ Partner with labor unions to help educate and inform the workforce
- ➤ Keep mid-level managers fully apprised of latest developments
- ➤ Advocate for state legislation and rules To streamline enrollment process
- ➤ Defragment/Centralize the PFSW reporting structure at Health Services

Additional Healthcare Taskforce Areas



FIRE DEPARTMENT

Maximize revenue available through AB 678 which provides for public safety entities becoming eligible for claims through the Certified Public Expenditures (CPEs) program

DEPARTMENT OF HEALTH SERVICES:

- ➤ Reduce psychiatric inpatient administrative / denied days by 50%
- ➤ Reduce medical-surgical administrative / denied days by 50%

DEPARTMENT OF MENTAL HEALTH

Analyze and prepare a staffing plan for the new business office, utilization management, provider relations and contract monitoring functions required for transition of DMH to health reform

Additional Healthcare Taskforce Areas



DEPARTMENT OF PUBLIC HEALTH

>Exchange of Patient Health Information with Other Partners in the County Health Care Service System (including Mental Health)

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Resolve any issues related to DHS funding/claiming for DPSS costs associated with *Healthy Way LA* intake and ongoing eligibility activities